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A new interinstitutional instrument for cooperative teacher preparation and curriculum development is needed, preferably to "emerge from a partnership of the old institutions with universities taking leadership under the encouraging sponsorship of state departments of education." A "cooperative clinical teaching center" would focus on both staff development (including teacher preparation and curricular and instructional innovation) and operational research. While school and college supervisory personnel can direct the center's program, classroom teachers from cooperating schools can become the chief agents to carry it out inasmuch as they can contribute ideas and skills derived from practical experience in a way that university people cannot. Cooperative clinical teaching centers are particularly well suited for achieving interinstitutional cooperation to facilitate teacher preparation and instructional improvement in the cities. Although certain essentials are basic to effecting school-university collaboration, the potentialities of collaborative effort "will make possible Dewey's dream of a laboratory approach to the education of teachers." (Included is an outline of a possible structure for a cooperative clinical teaching center) (SG)

NEEDED: A NEW ORDER IN STUDENT TEACHING THAT BRINGS JOINT ACCOUNTABILITY FOR PROFESSIONAL DEVELOPMENT

By E. Brooks Smith
(Revised: October 28, 1968)

What is the New Order in Student Teaching and why do we need it? And why do we suddenly need national Guidelines to Excellence in Student Teaching?

The New Order is first of all a new concept of student teaching or better, a refurbishing and an up dating of the old concept of professional laboratory experiences derived from Dewey's position regarding The Relations of Theory to Practice in Education (1904 reprinted by AST, Bulletin 17, 1962.)

In drawing a distinction between an apprenticeship and a laboratory point of view in teacher training, Dewey described the "laboratory point of view" as follows:

> On the other hand we may propose to use practice work as an instrument in making real and vital theoretical instruction; the knowledge of subject matter and of principles of education. Pg. 1
>
> The student should not be observing to find out how the good teacher does it, in order to accumulate a store of methods by which he may also teach successfully. He should rather observe with reference to seeing the interaction of mind, to see how teacher and pupils react upon each other--how mind answers to mind. He needs to learn to observe psychologically.
>
> It should go without saying that the student who has acquired power in psychological observation and interpretation may finally go on to observe more technical aspects of instruction..... Such students will be able to translate the practical devices which are such an important part of the equipment of a good teacher over into their psychological equivalents; to know not merely as a matter of brute fact that they do work, but to know how and why they work. Thus, he will be an independent judge and critic of their proper use and adaptation. Pg. 12.

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Dewey's statement made in 1904 sounds as modern as an article on the analysis of teaching out of this years Journal of Teacher Education. His proposal of a laboratory approach to teacher education has not been realizable until now.

"Professional Laboratory Experiences" is a fine sounding phrase but the profession has not until recently been able to create a laboratory setting which was both experimental and realistic. It did not until now have the tools for the "study of teaching" which Dewey proposed. Because of these lacks, scholars have not been able to develop theories of instruction on which to base a study of teaching.

Now, the tools are beginning to be developed for the study of teaching and they in turn are permitting researchers to begin describing teaching and defining its parts.

Interaction analysis, observers schedules of all kinds, and the data holding process of video-taping have created the opportunities for learning about the elements of teaching such as:

> The managerial aspects of teaching, (Kounin,) the cognitive aspects of teaching especially the lifting of thinking by questioning, (Taba and B.O. Smith,) and the affective and non-verbal responsiveness elements that influences the development of a personal teaching style, (Withal, Hughes, Flanders, Gallagher.)

Theories of teaching are being developed and tested as an outgrowth of the investigations into the act of teaching. Examples of such hypotheses are as follows:

> That indirectness of approach in teaching brings more pupil involvement.
> That open ended questioning lifts divergent thinking.
> That pupil involvement in structuring their own work plans has a positive effect upon classroom management.
> That responsiveness by the teachers to pupil actions and expressions energizes learning ability.

Teaching can be analyzed and critiqued. The effects of teaching strategies upon pupils can be observed, categorized and analyzed. Methods for coding children's responses are being developed as are Piaget-type interviewing techniques for locating cognitive gain from teaching.

The tools are available; the theory is energizing. Now there is something of intellectual and practical worth to do in the laboratory.

Dewey's study of teaching is now possible at long last, and the New Order in Student Teaching is on its way. If one looks at the new proposed standards for accreditation of teacher education, he will find that the clinical approach to learning to teach is expected.

The committee preparing the proposed new standards decided not to use the generic term "student teaching" meaning "student of teaching". Evidently, the committee was afraid that the broader and newer concept would be lost in the conventional meaning of student teaching as it is used every day; "so many weeks in a room with a supervising teacher." Instead they have re-labeled Student Teaching as follows:

> Professional laboratory and clinical experiences and practicum. The term student teaching is used only as the name of one kind of activity that could be used in the practicum phase.

The new Guidelines to Excellence in Student-Teaching will re-define student-teaching in terms of new concepts of teaching and in light of emerging new differentiated roles in cooperative forms of teaching.

A FRAME OF REFERENCE

Student-teaching in the generic sense of the term is a study of teaching. It engages novices and experienced teachers and college supervisors working with them in a planned sequence of direct and simulated professional laboratory and clinical experiences including a practicum of supervised and analyzed responsible teaching. Student-teaching in its fullest sense is a continuous exploration and examination of educational possibilities in particular settings and under varying conditions. It is not a static exercise in demonstration of established ways. It is instead a constant quest for productive curricular plans and effective teaching strategies through studied experimentation, coordinated analytical assessment, and the consideration of alternative approaches and strategies. A cooperative school-university team approach to instruction in teaching

is the appropriate means for insuring an objective and many-sided view of the effects of the observed actions and language of the teacher upon his pupils. The experienced teacher (supervising or clinical teacher) on the team contributes his wisdom from examined practice in the local situation while the college supervisor (clinical professor or instructor) contributes a universal view of teaching from a study of research and theory in the arts and sciences of instruction. Both take an experimental stance toward the instructional situation.

If a realistic study of teaching is to occur, the activities which are planned to provide the action and communication (verbal and non-verbal) data of instructional episodes need to be experienced in a laboratory setting in a typical school community where experimentation is possible and where classroom data can be conveniently collected. If this study of teaching is also to include an analysis of the data from teaching episodes, then the university and school personnel conducting instruction in teaching need to use a clinical approach that is dependent first upon a diagnosis of the teaching situation and then upon a consideration of alternative courses of action and communication and their probable effects upon the climate for learning. One planned activity for instruction in teaching that would seem to be essential in every program is the practicum (old term student teaching or internship) - a sustained, continuous experience of responsible teaching in a school laboratory setting and under school and university guidance based upon the clinical approach to the study of teaching.

The establishment of realistic laboratory settings and the programming of coordinated clinical sessions that examine teaching in terms of educational theory can only be arranged through regularized school-university collaboration. In jointly sponsored and directed teacher preparing centers or institutes, the universities and the schools

can bring their total resources to bear upon educational problems as they join together in the mutually beneficial task of educating teachers. Curriculum development and instructional experimentation must be the matrix in which teacher education takes place if each new generation of teachers are to be innovative in their time. The scholarly study of teaching by definition has to be an open-ended process of continuing discovery for everyone involved. The student-teacher is the neophyte learning to become a teacher in any part of the continuum of professional clinical experiences as a participant-observer, an assistant teacher, an associate teacher, an intern teacher and finally as a certified professional teacher.

Collaboration Necessary

Professional clinical experiences and practicum cannot happen unless there is also a new order in the cooperative arrangement for student teaching. There cannot be clinical sessions and student analysis of teaching in differentiated assignments under present conditions. And these conditions when at their bleakest are the main reasons why change in student teaching is needed.

There are some bright spots, of course, in many programs but in the main the following conditions are too prevalent to permit a true clinical experience in a teaching laboratory.

1. Farming student teachers out on the basis of one student to one teacher with no organized orientation and with only three polite visits a term by an overloaded college supervisor.

2. Overwhelming numbers of students especially in metropolitan areas to be assigned to fewer and fewer qualified supervising teachers who want to do the job regularly.

3. Big turnover in supervising teachers with no professional selection process and no criteria used for selecting them.

4. Too much sitting in the back of the room by student teachers "observing and participating" with not enough "responsible" total teaching.

5. No released time of the supervising teacher for conferences, planning and evaluating, much less, analyzing and criticising.

6. Little consistency to the student-teaching experience. Every room engenders a different program ranging from "copy cat" teaching to responsible "co-teaching." (It is not an individualized program based on needs of the student and the potentialities of the situation but it is a step by step indoctrination whereby the practices of one generation of teachers are passed on unbroken to the next generation.

7. No commonality among universities of schedule or requirements of work. Every college is different in its demands even though the same school system is used.

8. Little influence on school curriculum by teacher education programs is possible. Most of student teaching is done in very conventional classroom situations.

9. Little influence on college curricula in teacher education by school personnel is possible. College curricula are not advancing except for a little micro teaching here and there, colleges being out of touch with the modern school situation.

10. College course work becomes less and less relevant to present day teaching especially in the cities.

11. Schools being out of tune with University educational theorizing. School people become overwhelmed by the system and do not care to experiment unless told how the new program will fit and that it will be teacher proof.

12. "Bad blood" developing between schools and the colleges of education under the pressure of public criticism. Each blames the other for the "poorly trained" and non-committed teachers of today.

    School people say that the colleges teach students nothing but irrelevant theory that they cannot use. College people say that the schools stifle their graduates' creativity the minute they take a job in the system.

13. Militancy of some professional bargaining groups in demanding money rather than considering better training conditions.

The sky is falling in, falling in on our great cities, falling in on the schools and universities as they come to grinding halts from teacher strikes, pupil strikes, student strikes or parent protests.

There are only two ways out:

1. The new left way - blow the establishment.

2. The old left way - cooperative deliberate action.

Let us get together as equals, professional equals:

School people with their contribution of studied practice,
College people with their universal view based on the study of theory,
Professional organization people with their long ram professional views,
and stable department people with their public views.

And let us collaborate on creating a new order that no one of us could do alone.

Promises and Pitfalls in Collaboration

There are problems in true collaboration and they are discussed at some length in Partnership in Teacher Education (AACTE - AST 1968 ED. by E.B. Smith, H. Olsen, P. Johnson, C. Barbour.) The problems can be overcome especially if local groups sit down and face squarely their differences while building on their mutual concerns and particular contributions. They can try to work through model structures, contracts, and procedures that are sound but permit the intrusion of innovation. Several pitfalls must be avoided in cooperative enterprize:

1. The delay and stultification of bureaucratic over-organization.
2. The dead end of "take over" by the locally dominant institutions.
3. The rigidity of conformity to concensus-decision making.

However, flexible and productive collaboration holds great promises for quick improvement in the professional development of the teachers. Some of the promises are:

1. A continuing induction of teachers in a clinical setting through roles from para professional and participant observers to assistant teacher, associate teacher and professional teacher.
2. Instructional improvements all along the line though the clinical analysis of feedback from teaching episodes in differing socio-economic settings.
3. Curriculum experientation, assessment and adoption through operational research using intervening models devised by educational engineering.

4. The development of new, exciting professionals differential roles in teaching and the training of teachers.

5. A better professional morale all the way round from doing something important together.

Needed: A New Inter-Institutional Instrument for Cooperative Teacher Preparation and Curriculum Development

To realize these promises of collaboration the profession needs to devise new inter-institutional instrument through which the new approaches to teaching and curriculum innovation can happen. The new collaborative institutional instrument might be called a Cooperative Clinical Teaching Center or an Education Professions Development Institute in line with the coming new order in student teaching and the modern emphasis on the analysis of teaching and on operational classroom research in programs of school staff development.

This new inter-institutional structure should emerge from a partnership of the old institutions with universities taking leadership under the encouraging sponsorship of state departments of education rather than being a new bureaucratic creature of the state agency as has been proposed by some critics of the present scene. To create a separate and completely new institution away from the universities and the schools would not only be wasteful of public fund by repeating facilities and staffs already available in the universities and schools, but it would also take teacher education even further away than presently from its theoretical sources in the foundational disciplines and from its essential arena, the public school classroom. Individual state-controlled institutes cut from the universal point of view of the university could hardly avoid parochialism in teacher education programs and return teacher preparation to the narrowness of the old normal school programs. On the other hand, an inter-institution promoted and supported by the

state agency, but can be free institutions open to the examination of educational theory and practice.

The movement toward school-university partnership is already creating new institutional instruments for teacher education and educational experimentation. These emerging inter-institutions between the university and the school are attempts to find an institutional instrumentality through which the new approaches to teaching and curriculum innovation can happen. Many universities and school systems across the country are experimenting with different organizational structures appropriate to their particular settings. In most metropolitan areas and in several rural situations, school-university collaboration has begun. In some states the department of education has put its persuasion behind collaborative efforts. To label these new inter-institutional efforts is difficult because they are still emerging as student teaching centers, affiliated schools, leagues of cooperating schools, campus schools, off-campus teaching institutes, or education centers.

Given the emphasis on experimental study of teaching that is occuring in many of these centers, perhaps the generic term could be "Cooperative Clinical Teaching Centers" or in the language of the new Congressional Act, "Education Professions Development Centers."

Question to be Considered

1. What are the purposes of these clinical teaching centers? What is their mission? What can they accomplish? Is it feasible to combine curriculum development, operational research on instruction and teacher preparation in a center?

2. What roles should the school play in this collaboration? What can the teachers contribute beyond being the objects of in-service education?

The Mission of Clinical Teaching Centers

Cooperative Clinical Teaching Centers would have a combined mission focusing on staff development including teacher preparation, curricular and instructional innovation, and operational research. Such a combined mission would consolidate the efforts of the Professional School of Education in the University and the Curriculum and Supervision Staff of the Schools and brings focus to educational improvement.

Time and effort of professors of education would be more effectively and efficiently used by having them concentrate their usually divided tasks in instructional research and teacher education into one effort in one setting. Their experimental efforts would be contributing directly to improving the setting in which teacher training is taking place. Then the center to which college staff are assigned becomes their laboratory and in part their college classroom for teacher education. They would have a regular place to work in the schools. No longer would it be possible to find professors of education dealing with curriculum or with learning and teaching problems who are not working regularly in school settings during a scheduled part of their load. Instead of chasing down a few student teachers to supervise once in awhile to keep in touch with schools or of pleading with school friends for a classroom situation in which they can carry on some research, professors of education could be legitimately in schools on a regular basis. Spending a morning a week at the most and one morning in two weeks at the least in a center working with the teachers and college clinical instructors who are working with student teachers or interns could have a double payoff. Professors could be developing a program of analysis of teaching in the center or be working out some innovative program or research and its assessment with a group of teachers and a school supervisor. The college clinical instructor, a teacher trainer in training, would coordinate and carry out the plans developed by the steering committee of a center on which the professor of education sits as the university leader.

The educational leader representing the schools could be a principal of one of the schools in a center or a curriculum supervisor or coordinator. School administrations seem to be eager to combine forces with local universities on a regular basis and in a consistent way to work on staff development and curricular innovation. The center concept is appealing to school leaders especially if it includes a method for rotating schools in and out of the center, once every two or three years, thus spreading the influence of the center. School supervising personnel can work more efficiently and effectively when they can concentrate on the professional development of beginning teachers and experienced teachers at the same time with the assistance of university personnel.

State Departments of Education should take leadership in encouraging the setting up of such centers of institutes. There is no reason why they could not be organized on a regional basis and include several collegiate institutions and schools systems. A state-wide representative council including representatives from the appropriate professional organizations might be set up as an advisory to the developing centers. The steering committee of each of the centers might well include representatives of key professional organizations, especially the negotiating groups. However, the burden for developin educational programs in the centers must rest with the cooperating universities and schools. Because of the mix of university school state and professional organization personnel working on problems of mutual concern from their various view points, a dynamic movement can be sustained. There should be many points in the system at which now ideas can be injected.

Given the possibility of a coordinated School of Education-School System effort the interlocking purposes of a Cooperative Clinical Teaching Center can be summarized as follows:

From the Professional School's Side:

1. To be the institutional instrument through which the School of Education accomplishes a continuing clinical program of teacher preparation and school personnel development.

2. To be the school laboratory setting in which assigned university staff experiment and test to advance knowledge about the educational process and about application of findings to curriculum development and instructional improvement.

From the School System's Side:*

1. To be the setting in which educational improvements are developed and disseminated through the system.

2. To be a mechanism for on-going staff development in regular association with a university including the guidance of beginning teachers.

The Cooperative Center would seem to be the best institutional instrumentality for actualizing the new advances in the analytical approach to teacher education if they are to have significant effect in both pre-service and in-service programs.

ROLE AND CONTRIBUTION OF SCHOOL TEACHERS IN A CENTER

At first glance the role of school teachers in a center seem obvious. School personnel should be partners and contribute their ideas and skills. However, one can raise the issue of quality and kind of contribution. What can the teachers do that cannot be done through simulation techniques at the university? Are they really needed in a teacher education process that will be dealing more and more with a schedule of teaching behaviors that will need to be accomplished as an integral part of a teacher education program? Indeed, as one looks at many conventional student teaching situations today, the supervising teachers are inhibiting the development of beginning teachers by locking them into the system of local practices.

Instead they should be releasing the young teachers to innovate and assess their work. In a center, might not teachers become even more restrictive given the new position they should hold in being party to agreements?

On the contrary, center organization seem to encourage programs of quality and innovation. Center organization permits school-university agreements about criteria for selecting schools and school personnel and college personnel to be involved in the program. Schools tend to be quite demanding

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* In suburban and rural areas the center can be developed by a consortium of neighboring school districts on a rotation plan.

when faced with such choices because they have the biggest stake in the success of a personnel development program including pre-service teacher preparation. The neophyte products of these centers will be teaching in their schools next year or they are already there. Children are going to benefit if personnel development and curriculum development programs succeed. It is worth the school's while to put their best people and efforts into the collaborative enterprise especially when a university has really committed itself to work in a district or cluster of districts regularly. School leaders are not generally happy with the shotgun approach to assigning student teachers and supervising them that schools of education have been carrying on in the past. Experience in centers thus far seems to indicate that center teachers become released from old bonds when their roles are altered slightly to focus on the objective assessment of teaching. They feel that it is now legitimate to be experimental as they work with teams of interns or student teachers.

If the mission of a center were only pre-service teacher preparation, and if the university virtually withdrew its actual influence, for example, by jointly appointing a school person to run the outfit, then the local view of teaching would reign and the center would be used to perpetuate the system. It is the size of school-university committed personnel and the goal of an objective study of teaching that can prevent crystalization.

Selected classroom teachers in a center can contribute ideas and skills that university people cannot. If they are experimentally oriented, they can develop model teaching episodes or extended teaching projects for analysis because of their "savvy" gained from sustained recent experience with children. They can demonstrate and explain acts of "responsiveness" to children which college personnel cannot do because they cannot know the children sufficiently well.

Considering the fact that there are teacher personality factors in the act of teaching (Focus of the Texas Research and Development Center) then model identification becomes a concern in teacher education. A center's program could benefit by having several model teachers with different personalities and styles to be emulated. The effects of the teacher personality could be analyzed and discussed as young teachers are encouraged to look at their styles of teaching children and youth.

With training and teachers become the chief agents to carry out the center's total mission and program under the direction of school and college supervisory personnel.

POSSIBLE STRUCTURE OF A COOPERATIVE CLINICAL TEACHING CENTER OR AN EDUCATION PROFESSION DEVELOPMENT INSTITUTE

School Buildings

Four elementary schools, one associated junior high school or middle school and one associated high school.

Assistant Teacher or Intern-Stations

Elementary schools	6 stations per school	24
Junior high schools	12 stations	12
High school	12 stations	12
	(6 stations in 2 subjects)	48 Total

Steering Committee

University	School
(based on 10 teaching hour loads)	
1/5 time - 1 senior faculty adviser (elementary)	1/10 time - 1 top level administrator
1/5 time - 1 senior faculty adviser (secondary)	1/10 time - 2 school principals (elementary & secondary)
3/5 time each - 4 clinical instructors (elementary & secondary)*	1/2 time - 2 school supervisors (elementary & secondary)
1/10 time - 1 educational foundations consultant	Full time - 3 supervising teachers (elementary & junior high & senior high)
1/10 time - 1 liberal arts consultant in one of the secondary fields.	1 community agent when appropriate.
An ex-officer member representing the State Department.	A representative from the teacher organization.

* If related courses and seminars are taught in the center, he would be there nearly full time.

Executive and Coordination of Plans

One of the clinical instructors or school supervisor will be selected jointly to coordinate the center. His supervisory and instructional load within the center would be lessened during his term.

The coordinator might need a small executive committee chosen form the steering committee: one senior faculty adviser, one other clinical instructor, and one school principal and one school supervisor.

Organizational Arrangements

Each school would set up an instructional unit within each school and assign an instructional team to it including the assistant teachers and/or interns and an aide. In elementary schools this might mean the clustering of two or three grades or sections of a grade or a non-graded group of children. In the junior high and high school these units might be a part of a departmental

program or a homeroom or core cluster of sections. Every three years one elementary school would be dropped and a new one added. Every three years instructional units would move around in the junior high and high school.

An Elementary School Unit (4 per center)

140 children
1 instructional leader (supervising or directing teacher)
3 certified teachers
6 assistant teachers or interns 3/4 time each
2 aides
(It could be two related sub units)
1 college clinical instructor per 2 units (3/5 time, each having a different specialty)
1 school supervisor per 4 units (1/2 time to Center)
1 professor of elementary education (center adviser, 1/5 time)
1 professor of educational psychology and child development (center consultant, 1/5 time)

A Junior High School or High School Unit (2 per school, each emphasizing a different subject)

150 children
1 instructional leader (supervising or directing teacher)
3 certified teachers
6 assistant teachers or interns 3/4 time
2 aides
1 college clinical instructor per 2 units, 3/5 time, each having a specialty
1 school supervisor per 4 units (1/2 time to Center)
1 professor of secondary education (center adviser, 1/5 time)
1 professor of educational foundations (center consultant, 1/5 time)
1 liberal arts professor of subject disciplines (center consultant, 1/5 time)

SPECIAL ADVANTAGES OF COOPERATIVE CLINICAL TEACHING CENTERS FOR PROGRAMS OF TEACHER PREPARATION AND INSTRUCTIONAL IMPROVEMENT IN THE CITIES

1. The Instructional Unit and Team arrangement would permit the development of differentiated teaching roles for special teaching assignments. It would bring curricula and instructional decision making much closer to the children and the situation. The curriculum could be more easily personalized. A social worker and other specialized personnel could be added easily to the team.

2. Aides from the local community could be added to the team and assist in keeping the team oriented to community problems and concerns.

3. University teaching personnel and students would be working out programs for these children hand in hand with selected black and white teachers experienced in ghetto school work.

4. University students would be involved in constructive situations where everyone on the team would be working on ways to improve the education of ghetto children. College students would meet a positive group morale for coping with what sometimes seem to be overwhelming problems. The

fear of teaching in these schools can only be alleviated in these ways and recruitment will suffer if this is not done.

5. Much operational research in the classroom is needed in these schools to test, apply and implement the many hypotheses that have been made about learning and teaching in classrooms where children have cultural deficits or differences depending on one's point of view. This research will not be done unless there is an organized effort. The tendency will be to skip the operational research stage and put in this or that program by this or that authority before they have been operationally tested.

6. If the teachers are the best ones to work with the parents in helping them support the school program at home as some advocate, then the instructional unit team has the personnel and the organization to take on this job.

7. Time is needed to work out the special plans needed for these children and time is needed to analyze the results together. With the team teaching approach in the instructional unit, schedules can be worked out easily for small group planning, conferencing and evaluating.

ESSENTIALS FOR SCHOOL-UNIVERSITY COLLABORATION

1. A commitment of staff, time and hopefully some monies from the administration of both schools and university.

2. An acceptance of the point of view that classroom teachers, college professors and school administrators contribute equally but differently to the education enterprise. Each has an important special contribution to teacher education.

3. An inter-institutional structure that is given some autonomy by both institutions for the development and execution of the clinical field component in teacher education, but responsible to both parent institutions at the top level.

4. A steering committee to set policy, develop plans and review activities of the cooperative teaching clinic or teaching center. This committee should be small and have an equal number of members from the schools and the university representing the administration and the teaching faculty of both institutions. Someone from each institution should be high enough in the administration of his institution to commit the institution to action except for big policy and financial charges that would need the approval of the highest authority in each institution. The chairmanship of the committee can rotate among school and university members although a school administrator is helpful in this role.

5. An executive officer or coordinator selected by the steering committee to carry out the clinical program. One of the clinical instructors from the university would probably be designated. If the instructor is junior staff, then a senior faculty adviser for the center should be appointed to the steering committee and be given time to work with the clinical team.

6. An organization of the total faculty of the center (supervising teachers, teacher directors, and college clinical instructors) into a faculty assembly which offers suggestions for the improvement of the center and becomes involved in the development of new instructional programs for the center. The center faculty is kept abreast of new developments in the clinical approach to teacher education.

7. Agreements about allowing student teachers and/or interns to be responsible in classrooms while the supervising faculty meet for planning, deliberating and conferencing. Substitute teachers may need to be provided if students are not ready to be in charge when a particular meeting is needed. Staff work planning and evaluating should be done on school time. If cooperation depends only on after school meetings and extra work, the center will not survive very long.

POTENTIALITIES OF COLLABORATIVE EFFORT

1. A means for bringing the resources of the university and the school to bear on teacher preparation and especially for bringing the university back into a position of influence upon the field experience in teacher preparation. When the operation is jointly run, the university clinical instructor has a legitimate position in the school setting. He was only a guest before without any influence or control over what happened in student teaching except as he could persuade the student teacher to do things even if the teacher did not approve.

2. Much more efficient and effective supervision which can result in a truly clinical program with opportunities to train school and university staff to accomplish it. By clustering the clinical stations, college staff can concentrate their efforts by consolidating the field experience program and injecting clinical analysis innovations.

3. Opportunity for joint collaboration in operational research related to curriculum development and instructional improvement. The university professor is on the premises regularly and has a commitment to that school rather than being a disinterested party called in to be an expert consultant.

4. Individual schools can rotate in and out of a clinical center on a regularized schedule (every 3 or 4 years), thus allowing each school community to share in the benefits of a clinical approach and university staff involvement every so often.

These new clinical teaching centers will make possible Dewey's dream of a laboratory approach to the education of teachers.

The call is for a new order and a new partnership. As the concept of partnership grows, so will the size, strength, and influence of the Association for Student Teaching for it represents the partnership as no other organization does. In alliance with other concerned professional organizations, it can lead the way into a new order and construct Guidelines to Excellence for the future. With the establishment of Cooperative Clinical Teaching Centers or Institutes, universities and schools can no longer evade joint accountability for the education of the nation's teachers. They can no longer blame each other for shortcomings-they will be jointly responsible for personnel development in the school enterprise.